

**STATE OF FLORIDA  
APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE TYPE)

**OFFICE USE ONLY**

**CHECK APPROPRIATE BOX:**

☐ Original Appointment    ☐ Deputy Treasurer    ☐ Reappointment of Treasurer    ☐ Secondary Depository

Name of Candidate	1. Address (include post office box or street, city, state, zip code)
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Telephone (optional)	2. Party ( <b>Partisan candidates only</b> )	3. Office (add district, circuit or group number)
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I have appointed the following person to act as my    ☐ Campaign Treasurer    ☐ Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer

5. Mailing Address (If post office box or drawer add street address)	6. Telephone
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7. City	8. County	9. State	10. Zip Code
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I have designated the following named bank as my    ☐ Primary Depository    ☐ Secondary Depository

11. Name of Bank	12. Street Address
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13. City	14. County	15. State	16. Zip Code
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17. Signature of Candidate <b>X</b>	Date
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**Campaign Treasurer's Acceptance of Appointment**

I, \_\_\_\_\_, do hereby accept the appointment as  
(Please Print or Type)

☐ Campaign Treasurer    ☐ Deputy Treasurer    for the campaign of \_\_\_\_\_,

who is seeking nomination or election as a \_\_\_\_\_ candidate to the office of  
(Party)

\_\_\_\_\_. As a duly registered voter in \_\_\_\_\_

County, Florida, I am qualified to accept this appointment.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S  
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.**

**X**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Campaign Treasurer or Deputy Treasurer